

Arizona Department of Health Services
Office for Children with Special Health Care Needs
**FAMILY RESOURCE COORDINATION
INITIAL ORIENTATION PROCESS**

Family Resource Coordinator Name: _____ Contractor: _____

Description of Training	Mode of Training	Date Completed/Signature of Trainer
Program Overview CYSHCN SCI TBI		
AGCSHI Training		
Roles and Responsibilities		
Reporting Requirements		
Principles of Family Centered Practice		
Development of the Individual Service Plan		
Observation of an Individual Service Plan Meeting		
Communication Process		
HIPPA and Confidentiality		
Home Visit Observation #1		
Home Visit Observation #2		

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Cultural Sensitivity		
Transition Requirements		
Reflective Supervision		
Chart File Requirements/Record Retention		
Annual Site Visit Process		
Invoice Billing/Documentation Requirements		

Personal Development Plan and Other Comments:

INITIAL ORIENTATION AND TRAINING COMPLETED: _____

Signature of Family Resource Coordinator	Date	Signature of Supervisor	Date
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